

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

**10/049327**

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
<b>TOTAL CLAIMS</b>		
FOR	NUMBER FILED	NUMBER EXTRA
<b>TOTAL CHARGEABLE CLAIMS</b>	35 minus 20 =	15
<b>INDEPENDENT CLAIMS</b>	4 minus 3 =	1
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b> <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT A</b>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	18 Minus	35	
Independent	1 Minus	4	
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>			

SMALL ENTITY TYPE <input checked="" type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	50	OR	BASIC FEE	
X\$9=	135	OR	X\$18=	
X42=	42	OR	X84=	
+140=		OR	+280=	
<b>TOTAL</b>		OR	<b>TOTAL</b>	

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	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT B</b>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	12 Minus	18	
Independent	1 Minus	1	
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>			

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
<b>TOTAL</b>		OR	<b>TOTAL</b>	

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	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT C</b>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	4 Minus	35	0
Independent	5 Minus	4	1
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> <input type="checkbox"/>			

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
<b>TOTAL</b>		OR	<b>TOTAL</b>	

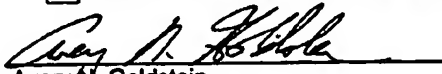
\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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AMENDMENT TRANSMITTAL LETTER				Docket No. UAB-15102/22	
Application No. 10/049,327-Conf. #3596		Filing Date May 15, 2002		Examiner L. M. Williams	
				Art Unit 1617	
Applicant(s): Jay M. Meythaler et al.					
Invention: Method of treating traumatic brain and spinal cord injuries and other neurogenic conditions using non-steroidal anti-inflammatory drugs and naturally occurring conotoxins					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	19	- 35 =		x	
Independent Claims	4	- 4 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Avery N. Goldstein Attorney/Agent Reg. No.: 39,204				Dated: <u>June 1, 2006</u>	
GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (248) 647-6000					

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